

CONTINGENCY FUND FORM

Local Agency: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PART A

Foster Parents  
Names: \_\_\_\_\_ SSN: \_\_\_\_\_  
\_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Involved Foster  
Children's Names: \_\_\_\_\_ Age: \_\_\_\_\_  
and category \_\_\_\_\_ Age: \_\_\_\_\_

Date Foster Parent Discovered Damage: \_\_\_\_\_

Date Foster Parent Contacted Insurance: \_\_\_\_\_

Type of Damage, Nature and Amount of Claim: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Foster Parents' Signatures: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Date: \_\_\_\_\_

PART B

Date Social Worker Observed Damage: \_\_\_\_\_  
Summary of Worker's Discussion With Child/Foster Parent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Precautionary Measures to Reduce Recurrence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Similar Claim Filed Previously? \_\_\_\_\_ Date/Action Taken: \_\_\_\_\_  
\_\_\_\_\_

\*Social Worker's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
and telephone number \_\_\_\_\_

\*Local Director's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail Completed Copy to:

Virginia Department of Social Services  
Foster Care Unit --Contingency Fund  
Attention: Rosa T. Elliott  
730 East Broad Street  
Richmond, VA 23219-1849

\*Signature certifies that the information on this form is accurate and complete, other options of payment have been explored, foster child(ren) caused the damage, social worker has observed the damage, and the social worker has discussed behavior causing this problem/damage with foster family and child.